

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559797

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

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15

TOTAL DEP.

TOTAL CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS